



State of Illinois
Department of Veterans' Affairs

Discharged Servicemembers Task Force

Annual Report 2017





DISCHARGED SERVICEMEMBERS TASK FORCE ANNUAL REPORT FY17

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Letter from the Director

The Illinois Department of Veterans' Affairs is pleased to present this year's Discharged Servicemembers Task Force Annual Report. Since its establishment in 2007, the members of this Task Force have brought forward key initiatives that have served recently discharged servicemembers, veterans, and their families. The appointed members throughout the years who have served on this Task Force have dedicated countless hours and resources to ensure the most relevant and timely issues facing veterans have been explored and addressed.

To better serve our veterans, the Discharged Servicemembers Task Force (DSTF) has been dissolved and its initiatives and future annual reports will fall under the purview of the Illinois Veterans' Advisory Council (IVAC).

The Illinois Department of Veterans' Affairs, in conjunction with the members of both DSTF and IVAC have agreed that this transition will maximize efforts to investigate the re-entry process for servicemembers who return to civilian life after being engaged in an active theatre. The Illinois Department of Veterans' Affairs led the initiative of this transition through House Bill 2973 (Public Act 100-0010) which became law on June 30th, 2017.



Erica Jeffries
Illinois Department of Veterans' Affairs

History of DSTF

Pursuant to Public Act 95-294, effective August 20, 2007, the State of Illinois created the Illinois Discharged Servicemembers Task Force (DSTF). The mission of DSTF is to investigate the re-entry process for servicemembers who return to civilian life after being engaged in an active theatre. To accomplish this mission, DSTF has convened teams of experienced, professional veteran advocates, and community leaders to analyze major issue areas and develop strategic policy recommendations. DSTF's strategic policy recommendations are published annually in the DSTF Annual Report. In accordance with the Act, DSTF members include:

- A representative of the Illinois Department of Veterans' Affairs (IDVA), who shall chair the committee;
- A representative from the Illinois Department of Military Affairs;
- A representative from the Office of the Illinois Attorney General;
- A member of the General Assembly appointed by the Speaker of the House;
- A member of the General Assembly appointed by the House Minority Leader;
- A member of the General Assembly appointed by the President of the Senate;
- A member of the General Assembly appointed by the Senate Minority Leader;
- 4 members chosen by the Director of the Illinois Department of Veterans' Affairs, who shall represent statewide veterans' organizations or veterans' homeless shelters;
- One member appointed by the Lieutenant Governor;
- A representative of the USDVA shall be invited to participate.

Mission of DSTF

The Illinois Discharged Servicemember Task Force shall investigate the re-entry process for service members who return to civilian life after being engaged in an active theater.

The investigation shall include the effects of:

- post-traumatic stress disorder
- homelessness
- disabilities
- other issues the Task Force finds relevant to the re-entry process.

For fiscal year 2012, the Task Force shall include the availability of prosthetics in its investigation.

For fiscal year 2014, the Task Force shall include the needs of women veterans with respect to issues including, but not limited to, compensation, rehabilitation, outreach, health care, and issues facing women veterans in the community.

Membership

ILLINOIS DISCHARGED SERVICEMEMBER TASK FORCE (FY 2017)

Chairman Erica Jeffries

Illinois Department of Veterans' Affairs

Maurice Rochelle

Illinois Department of Military Affairs

Thomas Banning

Illinois Attorney General's Office

Senator Michael Hastings

Senate President Appointee

Senator Pam Althoff

Senate Minority Leader Appointee

Representative Linda Chapa La Via

Speaker of the House Appointee

Representative Jeanne Ives

House Minority Leader Appointee

Paul Knudtson

Illinois Department of Veterans' Affairs Appointee

Ken Clarke

Illinois Department of Veterans' Affairs Appointee

CSM Mark Bowman

Illinois Department of Veterans' Affairs Appointee

Suzanne Nunziata

Illinois Department of Veterans' Affairs Appointee

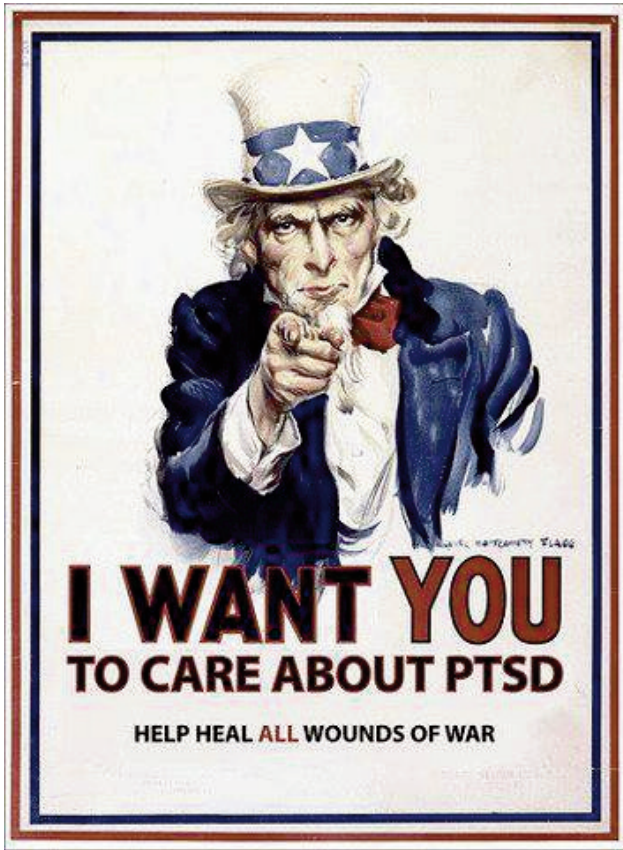
Jim Frazier

Lieutenant Governor Appointee

Vacancy

United States Department of Veterans' Affairs Appointee

Summary of recommendations of DSTF since Established:



Post-Traumatic Stress Disorder (PTSD)

1. Remove the Stigma. More attention on the screening and education of PTS – and on its associated stigma – is needed. Associated stigma may prevent veterans from accessing and utilizing available services. This may be addressed by working with existing community partners to build a stronger mental and physical health component into transition services. In addition, stronger PTS education may also address the stigma associated with these services in ways that can promote early intervention.

2. Frequent Screenings of PTS. Improved outreach is needed in order to ensure returning servicemembers who exhibit symptoms of PTS receive care promptly. To accomplish this, returning servicemembers may need to be screened at additional intervals such as the 30/60/90/180 day marks.

3. Increase the Availability of Tricare Service Providers – To increase access to PTS and treatment services at the community level for military retirees and members of the Guard and Reserve, the Task Force recommends that an analysis be conducted that crosswalks the availability of Tricare service providers with the demand for PTS treatment in the veteran community. For geographic areas with a gap in available services, the Task Force recommends that a factsheet be

composed and distributed to local mental health practitioners informing them as to the process and benefits to becoming certified Tricare service providers. The IJF Behavioral Health Working Group is the appropriate coordinating mechanism for this to occur, with the group already providing Tricare certification information to community providers.

4. Train Community Service Providers and Tighten Linkages to the Veteran Services Committee – To foster greater mutual awareness, facilitate capacity-building, and further educate health care providers as to the challenges associated with PTS, the Task Force recommends that a concerted effort be undertaken to provide community behavioral health providers military and veteran expertise and equip them to better treat and direct the veterans they serve. The Task Force also recommends that military, veteran, and health care organizations identify and engage new opportunities for open discussion, best practice sharing, and collaboration with the goal of creating an integrated veteran support network that allows for a streamlined continuum of care. The IJF Working Group on Behavioral Health has been identified as a suitable vehicle to facilitate community integration, and indeed is already providing “Military and Veteran 101” training to community behavioral health providers.

5. Enhance Suicide Prevention Resources/Screening – To enhance prevention strategies and minimize the occurrence of suicide, the Task Force recommends that veteran organizations and service providers dedicate additional resources to foster awareness and understanding of suicide prevention needs within the military and veteran communities. This effort should highlight 24-hour hotlines, VA medical center emergency assistance, and community mental health counselors. It should also include coordinated suicide prevention services among community service providers, VA medical centers, and other first responders/behavioral health screeners. The IJF Behavioral Health Working Group has a Suicide Prevention Subcommittee that is ideally suited to take on several these tasks.

6. Increase Support Services for Military Sexual Trauma - To ensure that women veterans who have experienced Military Sexual Trauma (MST) have ready access to support and treatment services, the Task Force recommends that the VA increase its inventory of trained female counselors - as well as that community mental health providers be trained and equipped to treat the MST victims who will likely not access VA care for treatment. The IJF Behavioral Health Working Group has conducted several training sessions on this topic and is an appropriate body to continue this work.

7. Build a Community Effort Among Health and Treatment Service Providers - To strengthen collaboration and foster mutual awareness among service providers (while simultaneously making it easier for veterans to connect with the full array of support services available), the Task Force recommends that health and treatment service providers establish mechanisms through which they can coordinate service delivery, make referrals, and ensure continuum of care. No single care solution is perfect for every veteran. Often a combination of therapies - from counseling to medication to recreational therapy - is needed. This can be accomplished by leveraging existing resources to establish a centralized referral and information sharing mechanism.

8. (a) Provide Staff Support to Expand Training Opportunities for Community Providers - To ensure that community health practitioners obtain the proper training to effectively treat veterans and their families and to simultaneously grow the network of qualified, veteran-friendly providers, DSTF recommends that staffing and funding be provided to expand the IJF Behavioral Health Working Group's capacity to host training workshops in underserved areas of the state.

(b) Develop Follow-On Training Courses for Community Providers that Wish to Obtain Further Treatment Expertise - To further prepare community health practitioners to serve veterans and their families, DSTF recommends that follow-on training courses be established with advanced instruction on evidence-based psychotherapies (i.e. Cognitive Processing Therapy (CPT) for PTS, Prolonged Exposure Therapy (PE) for PTS, etc. - and government benefits afforded to veterans and their families.

9. Expand Outreach Efforts Designed to Increase the Number of Veterans Health Administration Patient Centered Community Care (PC3), Non-VA Care, TRICARE, and Military OneSource Providers - To increase access to care and grow the network of community providers certified to treat veterans, DSTF recommends that additional outreach be performed via training workshops, marketing campaigns, and other available channels to increase the number of Veterans Health Administration Patient Centered Community Care (PC3), Non-VA Care, TRICARE, and Military OneSource providers in Illinois. Outreach efforts should emphasize how providers can become certified as well as what are the associated benefits. Focus should be placed on extended outreach into rural areas.

10. Urge Federal Policymakers to Broaden Eligibility for Military OneSource Services - To provide veterans and their families with sufficient access to affordable, high quality counseling services, DSTF recommends that federal policymakers be urged to expand eligibility for Military OneSource services beyond the current cut-off, which is six months after separation.

11. Support the "Have you or a loved one ever served in the U. S. Armed Forces?" Initiative Using Outreach and Advocacy Networks in Illinois - To ensure that health care providers can best serve patients with a military background or family connection, DSTF recommends that the veteran organizations in Illinois dedicate resources to support the "Have you or a loved one ever served in the U. S. Armed Forces?" initiative lead by American Academy of Nursing (AAN). Efforts should be taken to (1) partner with AAN and (2) contact health care providers throughout the state to encourage them to implement these important health assessment protocols. This effort can also be coordinated with the IJF Behavioral Health working groups efforts to train providers.

12. Establish State Agency Veteran Data Marker Systems - To better identify and outreach to veterans in Illinois - and thereby connect veterans with behavioral health and other resources earlier in their transition process - DSTF recommends that Illinois state agencies establish markers to identify veteran clients that utilize or meet their agency/programming. As these clients are identified, their basic contact information and agency touch point should be shared with the Illinois Department of Veteran's Affairs (upon the veteran's consent) for outreach and needs assessment purposes. The Illinois Department of Revenue has been suggested as a viable starting point considering its regular contact with nearly all Illinois citizens.

13. Establish a Program to Designate and Honor Veteran-Friendly Local Governments - To incentivize local governments to adopt veteran-friendly practices and programs, DSTF recommends that the State of Illinois implement an award program that honors and highlights the efforts of local governments that go above and beyond in their service to veterans. The program could be model off a combination of the Governor's Award for Excellence in Education and the Illinois Hires Heroes Consortium, but with specific criteria established to judge and highlight what best practices local governments can pursue to assist veterans with challenges relating to behavioral health, joblessness, homelessness, disabilities, and various other needs.

14. Educate the Philanthropy Community on Behavioral Health Challenges in the Veteran Community - To better educate the private philanthropy community in Illinois as to the behavioral health challenges in the veteran community and leverage additional resources toward innovative solutions, DSTF recommends that veteran organizations target outreach to private foundations and philanthropic organizations. The Donors Forum has been suggested as a practical starting point. A session could be held to educate their members on behavioral health challenges in the veteran community and where additional resources could be targeted to effectively alleviate these challenges.

15. Collaborate with the Illinois Supreme Court Access to Justice Commission to Prioritize Challenges in the Veteran Community - To garner support Veteran Treatment Courts in the legal community and further ensure that the unique needs of military veterans are properly accounted for in the Illinois justice system, DSTF recommends that IJF-Legal working group reach out to the Illinois Supreme Court Access to Justice Commission to identify potential opportunities for collaboration.

16. Obtain Funding to Perform a Statewide Needs Assessment to Identify Service Gaps - To identify and move toward closing gaps in underserved areas, DSTF recommends that funding be obtained to perform a Statewide Needs Assessment that pinpoints in granular detail behavioral health providers - to include VA facilities, TRICARE providers, community mental health clinics, Military OneSource Providers, etc. - mapped against the veteran population and eligibility requirements. The Needs Assessment would also generate regional service directories intended for use by local service providers, veteran-serving organizations, as well as veterans and their families. In addition, the Needs Assessment would provide the basis to create statewide and regional benchmarks and quality indicators to guide future resource allocation.

17. Obtain Funding to Support an Awareness Campaign that Reduces the Stigma Associated with Seeking Help - To reduce the stigma that can delay or preclude veterans from seeking help with behavioral health challenges, DSTF recommends that funding be obtained to augment existing awareness campaigns that encourage veterans to seek help in overcoming the residual health effects of military service. Targeting to exiting servicemembers, National Guard/Reserve components, and their families should be applied. Messaging should emphasize that it takes strength, courage and resiliency to conquer one's trials. Distribution should utilize multi-faceted, including social media, television, radio, posters, brochures/handouts, and video resources, among other channels.

18. Establish an Illinois Certification for Veterans Recovery Support Specialists - To enhance access for veterans suffering from mental illness and addictions to meaningful recovery support services, as well as to build competency and capacity in the provider community, DSTF recommends that the Illinois Certification Board develop, administer, and establish a Veteran Recovery Support Specialists Certification.

19. The DSTF recommendation to the State of Illinois is to develop a strategic partnership with the Rehabilitation Institute of Chicago (RIC) to statutorily establish a state office of brain injury and advisory council in Illinois. The advisory board will serve as a model for, innovative programs and a multi-systemic statewide network of partners that can provide service referral, education and outreach, all while connecting veterans as well as their families to the appropriate array of care. Develop legislation that would provide increased awareness and resources for Traumatic Brain Injury.

The Task Force also recommends the State of Illinois collaborate with partners across Illinois to hold regional training events to heighten community awareness about the combat experiences and needs of veterans and their families and encourage action at the community level. The State of Illinois should also provide a military transition mentor for National Guard and Reservists that are in the process of separating who can guide them through the physical and mental health evaluation, documentation and care process. IDVA should consider supporting public and private initiatives in Illinois to screen returning veterans for Traumatic Brain Injury and Post Traumatic Stress and make information and resources available that are necessary for rehabilitation, transition, and return to work.

IDVA as well as the State of Illinois should consider developing a multi-agency, comprehensive long-term strategy in Illinois to address the mental health needs of current and returning veterans. Encourage Illinois Medical Schools to train physicians in physical and psychosocial implications of compression injuries. Also, explore efforts to educate employers on the benefits of using qualified/trained individuals such as Certified Rehabilitation Counselors to provide job placement services to veterans with disabilities and encourage collaboration with education and state run organizations with similar missions.

DSTF highly recommends to the State of Illinois and the General Assembly to mandate complete psychological and physical health evaluations for all separating service members, regardless of stated health and health screening results, particularly for veterans of the Iraq and Afghanistan wars. Eliminate the optional physical health exam. Ensure that all physical and psychological health needs are documented in service members' medical records to increase the likelihood they are service connected.



20. Support Existing and New Tele-Health Initiatives. Leveraging technology to provide access to mental health care for veterans would pay great dividends towards the removal of physical, mental, and emotional barriers that prevent rural veterans from receiving essential services.

21. Support Existing and New Workforce Recruitment and Retention Efforts Incentivizing mental health care professional with experience working with the veteran population to provide services in rural communities could reduce access issues.

Education

1. Self-Identification and Data Tracking. All documents related to requests for school information or applications should include a question via which veterans can indicate their veteran status. This would help schools know and support their veteran communities. Moreover, accumulation of that data would assist the state of Illinois in the process of tracking a veterans' academia and graduation rates from admission to graduation. The process would also be used for to identify various trends such as utilization of the GI bill, graduation rates, number of classes taken, etc.

2. Increased Education Institution Outreach.

- a.** Have mentors on campus that can assist student veterans navigate the campus and may work in conjunction with student veteran organizations.
- b.** Create support programs such as a veterans' center, a veterans' coordinator or a student veteran association/club.
- c.** Provide onsite mental-health counseling with professionals who are experienced in working with veterans' issues such as PTS and TBI. If an onsite counselor is not available, alternatives include contracting with a private counselor who can take appointments and treat veterans on campus.
- d.** Provide case management and enrollment into VA programs at various veteran events, such as the annual student orientation sessions. At a minimum, have contact information readily available at a kiosk or some prominent location.
- e.** Educate veterans on benefits available to them. Ensure that counselors attend various veteran information sessions and have services such as a hotline a veteran can call with questions.

3. Adjustments to Illinois Veterans Grant. The Illinois Veterans' Grant is provided to all Illinois veterans who are honorably discharged, reside in Illinois six months before entering service, have at least one year of active duty, and return to Illinois within six months of discharge from service. Because of changes in federal Post-9/11 GI Bill rules, it is recommended that Illinois request a waiver to the VA "payer of last resort" clause. This waiver would ensure that the Post 9/11 GI Bill funds is the first payer and Illinois Veteran Grant (IVG) be the last payer, if the veteran does not have 100% eligibility for benefits of the Post 9/11 GI Bill.

4. In-State Tuition Rate for Veterans. Illinois already offers in-state tuition rates to active duty personnel when stationed in Illinois. To best equip veterans for success, as well as to draw highly skilled and experienced leaders to Illinois, it is recommended that all public institutions of higher learning in Illinois permit veterans to be charged the instate tuition rate regardless of residency.

5. Tuition Deferment. Tuition deferment allows students to pay their tuition after the fee payment deadline without being subject to cancellation of registration or a late payment fee. While several schools already allow fee deferral, the Task Force recommends that this be an option for veterans at any Illinois institution - particularly given the delays in Post 9/11 GI Bill Payments veterans often experience.

6. Deployment policy. Develop and implement a policy that allows for military members and/or their spouses enrolled in classes to be excused from paying tuition if they are called to active duty or re-assigned. Like an existing policy in North Dakota, such a policy would provide that, if a veteran receives orders for active-duty service which require the servicemember to be away from class for longer than 14 days, any paid tuition and fees are refunded to VA and/or the servicemember. This would allow military members and/or their spouses to pursue their educational goals without fear of financial consequences if they receive orders to report to active-duty military service or re-assigned to an assignment out-of-state.

7. Reaffirm the Importance of the Illinois Veterans' Grant amongst Illinois State Legislators - To strengthen and build support for the Illinois Veterans' Grant to ensure its continuation for current and future generations of Illinois veterans, the Task Force recommends that the value of the Illinois Veterans' Grant be reiterated to Illinois state legislators, urging that they dedicate state funding to reinforce its solvency.



- 8. Urge the Illinois Congressional Delegation to Restore Break Pay** - To ensure that student veterans obtain adequate financial assistance necessary to succeed in their academic pursuits, the Task Force recommends that the Illinois Congressional Delegation be engaged on the topic of how the elimination of break pay has negatively impacted student veterans and their families.
- 9. Urge the Illinois Congressional Delegation to Eliminate the Exemption of the Post-9/11 GI Bill from the 90/10 Rule** - To ensure that for-profit educational institutions are not excessively targeting veterans for enrollment, and to counteract dubious marketing practices aimed at recruiting student veterans, the Task Force recommends that the Illinois Congressional Delegation be urged to eliminate the exemption of the Post-9/11 GI Bill from the 90/10 Rule.
- 10. Enable Veterans to Receive Unemployment Insurance while Enrolled in Train-to-Hire Programs** - To help support the basic financial needs of veterans enrolled in train-to-hire programs and minimize dropout rates, DSTF recommends that the state enable veterans to draw unemployment insurance while enrolled in state-sponsored train-to-hire programs.
- 11. Revamp the Illinois Hires Heroes Consortium to Boost Membership and Engage Members More Actively** - To mobilize additional employers to recruit, hire and retain veteran employees, DSTF recommends that the Illinois Department of Veterans' Affairs (IDVA) and the Illinois Department of Employment Security (IDES) engage new strategies to boost membership and prompt current members to develop new advancement opportunities for veterans. In addition, to raise awareness for IHHC, DSTF recommends that IDVA and IDES collaborate with state legislators to solicit their support in promoting IHHC in their districts.
- 12. Grant License and Certification Renewals for Veterans and Spouses with Military Service Obligations** - To ensure that the credentialing of servicemembers called to duty is not impeded, DSTF recommends that credentialing agencies grant licensure and certification renewals without penalty or re-examination to a veteran or the spouse of a veteran who is unable to renew a license or certification due to the obligations of military service.
- 13. Grant Time Extensions for Licensure and Certification Requirements Pertaining to Continuing Education** - DSTF recommends that for license holders called to active duty for military service, credentialing agencies grant these individuals an extension to complete continuing education requirements equal to the amount of time that the individual was on active duty.

14. Recognize Military Training for State Licensure Requirements relating to Continuing Education - To provide due credit to current license holders who obtained relevant training during their military service, DSTF recommends that licensing agencies recognize and apply relevant military training to fulfill continuing education requirements (in addition to initial licensure requirements).

15. Collaborate with Systems of Higher Education to Enhance Credit Transfer Policies and Raise Awareness for Student Credit Transfer Tools - To ensure that veterans receive due academic credit for relevant military experience, and to help meet the state and national demand for skilled labor, DSTF recommends that leaders in the veteran community work with the Illinois Board of Higher Education (IBHE) and the Illinois Community College Board (ICCB) to aid schools in implementing prior learning assessment policies and procedures. In addition, DSTF recommends that IBHE and ICCB be engaged in raising awareness for the Transferology-Illinois/Making Military Training Count initiative as well as other tools that assist student veterans in academic and career planning.

16. Provide Student Veterans with an Exemption from the Satisfactory Academic Progress Rule for College Credit - To ensure that student veterans are not unfairly stripped of federal financial aid, DSTF recommends that veteran leaders in Illinois send a letter to the Illinois Congressional Delegation advocating for student veterans to be granted an exemption from the Satisfactory Academic Program (SAP) rule for college credit for military training or education. The federal regulations should be revised to count only what applies toward the student's degree or to allow a one-time waiver for military credit.

17. Reestablishing the Military Training Counts Initiative The Military Training Counts program is a collaborative pilot effort to articulate military training to credentials and/or state licensure at select public higher education institutions. Public Act 97-710, the Expedited Licensure for Service Members and Spouses Act requires that, "all relevant training provided by the military and completed by a service member shall be credited to that service member as meeting any training or education requirement under any applicable occupational or professional licensing Act, provided that the training or education is determined . . . to be substantially equivalent to that required under any applicable Act and is not otherwise contrary to any other licensure requirement." A reevaluation of military occupations with the goal of aligning them with state licenses, to enable veterans to fully benefit from the act can lead to new opportunities for veterans to find meaningful employment in a career field in which they are already trained.

18. Prohibiting Block Transcription Prohibiting block transcription would ease the burden of veterans entering colleges and universities with transferable credit from their military experience. Academic institutions that have not adopted a policy that protects against the transcription of excess credits for student veterans are placing them in a position where they could lose financial support for their education.



Employment

1. Track Veteran-Owned Businesses with the State of Illinois - To better measure the extension and effectiveness of benefits provided to certified veteran-owned businesses in the state, the Task Force recommends that IDVA work with the Illinois Secretary of State to establish a mechanism to identify and track veteran-owned businesses that register and/or incorporate in the State of Illinois. This change could be achieved by adding an identifying question/step in the initial incorporation filing process.

2. Track Veteran Hires at State Agencies by Establishing an Information Sharing System between CMS and IDVA - To measure how effective the state is in hiring veterans and complying with veteran preference hiring regulations, the Task Force recommends that an information sharing system or mechanism be established between CMS and IDVA. The final product should identify and track the number and percentage of veterans hired with individual state agencies.

3. Establish Veteran Employment Plans within Illinois State Agencies - To increase the employment of qualified veterans with the State of Illinois and ensure that veteran state employees have access to adequate retention and support services, the Task Force recommends that state agencies establish and implement a Veteran Employment Plan that stipulates (1) hiring benchmarks (e.g. 5 percent), (2) outlines recruitment best practices, and (3) formalizes the development of retention and support services.

4. Review CMS Grading Procedures to Ensure Crediting of Military Experience - To ensure that veteran job applicants are being given full and proper credit for their military experience and skills when being considered for state positions, the Task Force recommends that a review of CMS's grading system be conducted.

5. Urge the Federal Government to Restore the 15 Percent Set-Aside for Governors - To maintain the availability of targeted grants and employment support services for veterans in Illinois, the Task Force recommends that a statement be drafted and sent to relevant federal lawmakers urging them to restore the 15 percent Workforce Investment Act set-aside funding for statewide employment and job training programs.

6. Explore Legislation that Recognizes Veterans as Members of Diverse Populations for Public Works Projects* - To assist transitioning veterans who have experience in construction and other projects, the Task Force recommends that lawmakers in Illinois consider legislation that requires public works contractors and sub-contractors to employ veterans for a certain number of hours, or as a percentage of each job.

7. Give Priority to Veteran-Owned Businesses through the Disadvantaged Business Enterprise Revolving Loan Program - To increase access to capital and growth opportunities for veteran-owned businesses, DSTF recommends that veteran-owned businesses be given priority for participation in the Disadvantaged Business Revolving Loan Program.

8. Introduce Legislation that Waives Start-Up Fees for Veteran-Owned Businesses - To better ensure that early-stage veteran-owned businesses have the liquid assets available to sustain and grow into thriving enterprises, DSTF recommends that legislation be introduced in the State of Illinois that provides veteran owned businesses with a one-time waiver from all state-imposed start-up fees (e.g. Initial Business Opportunity Processing Fee, Corporate Assumed Name Registry Fee, Article of Incorporation Filing Fee, etc.).

9. Build Out the Day Hospital Program Model for Streamlining the Social Security Disability Benefits

Application Process* - To increase the speed, accuracy and efficacy of the process of obtaining Social Security disability benefits for disabled veterans, DSTF recommends that the Day Hospital Program model be expanded on a wider scale in the State of Illinois. This will include the following components:

- a.** Development of a program for the training of mental health clinicians who treat disabled veterans that would provide focused training on understanding the SSA disability system and process, and on how to effectively summarize and document disabilities in their clients.
- b.** Designation of key personnel at the Illinois Department of Human Services to serve as liaisons on veterans' applications once they arrive in Springfield for adjudication, to ensure timely processing of applications by staff with some training or advanced knowledge regarding veterans' medical/mental health problems and systems of care.
- c.** Designation of key SSA staff at all field offices closest to the six VA Medical Centers in Illinois who would serve as liaisons to those VA facilities, with goal of expediting the initiation of applications for benefits and of collaborating with clinicians.



Homelessness and Housing

1. Data Tracking. Although, a great deal has been done to address veteran homelessness in recent years, data tracking is not yet sufficient. As efforts continue, it would be helpful for organizations working on homelessness data to track information not just on numbers of homeless veterans but also regarding the veterans themselves (era of service, age, etc.). This would allow the State, as well as community providers, to better understand the needs and solutions for veteran homelessness in Illinois.

2. Treat PTSD Early and Remove the Stigma. PTSD is a primary driver of veteran homelessness. The earlier these mental health challenges can be addressed, the better will be the outcomes related to homelessness. Studies suggest that discharged veterans should be assessed for behavioral afflictions prior to discharge; this requires better outreach, more private sector awareness of the issues, and fewer stigmas associated with seeking treatment.

3. Outreach to Women Veterans. Studies show that women veterans who have experienced Military Sexual Trauma and do not receive follow-on care and support have a higher risk of becoming homeless. Increased awareness about the needs and struggles of women veterans on this issue is vital. Pamphlets de-stigmatizing MST and encouraging veterans to seek help should be made widely available. Also, women veterans are far less likely to utilize VA healthcare, so the outreach effort to this community will need to be creative.

4. Outreach to Incarcerated Veterans. Many homeless veterans are or have been justice involved. Further services and attention are needed to better serve this population, particularly at the point of reentry to society. More robust efforts on veteran treatment courts, pre-release VSO services, and other targeted initiatives are vital if veteran homelessness is to end by 2015.

5. More Affordable Housing. Many families struggle to afford housing at a reasonable cost. If additional housing would be provided at affordable costs, then many veteran families would avoid homelessness altogether. It is recommended that additional affordable housing solutions be provided to military veterans and their families.

6. More - and More Awareness of - Funding for Permanent Housing. An important component in assisting homeless veterans is permanent housing. The VA and HUDVASH program has greatly decreased the number of homeless veterans, but too many veterans remain homeless. The veteran community and social services community must collaborate to identify and assist in leveraging the full network of resources and grant funding. Lesser known programs include VA's 65% reimbursement of construction, renovation, or acquisition costs of a building for use as service centers or transitional housing for homeless veterans; DOL Homeless Veterans' Reintegration PROGRAM (HRVP) grants available to assist in funding the needs of homeless veterans; and HUD's Emergency Shelter Grant to assist with shelter facility operational and maintenance costs and to remodel or rehabilitate a building as a new shelter.

7. Create a Statewide Directory of Veteran-Serving Homelessness and Housing Facilities - To better understand the needs and solutions for homelessness among veterans in Illinois, the Task Force recommends that the IJF Working Group on Homelessness and Housing compile the information necessary to create a statewide directory of veteran-serving homelessness and housing facilities. Once created, the directory should be posted to the IJF website and distributed broadly among the veteran community.

8. Project-Based HUD-VASH Vouchers - To create more high-intensive, group-oriented residential programs, which have demonstrated a high success rate in alleviating chronic homelessness among veterans, the Task Force recommends that federal officials set aside a greater portion of HUD-VASH vouchers for project-based housing initiatives. Concurrently, the Task Force recommends that veteran serving homelessness and housing organizations, as well as the IJF Working Group on Homelessness and Housing, collaborate with HUD and VA officials to identify new opportunities for project-based sites.

9. Urge Federal Officials to Increase Funding for the Supportive Services for Veterans Families Program - To enhance prevention strategies and strengthen support services targeted to veteran families at risk of homelessness, the Task Force recommends that federal policymakers be urged to increase funding for the Supportive Services for Veterans Families program.

10. Integrate and Centralize Service Delivery at VA Community Resource and Referral Centers - To strengthen collaboration and facilitate capacity-building among veteran-serving organizations (while simultaneously making it easier for homeless and at-risk veterans to connect with the full array of support services available through government and non-profit agencies), the Task Force recommends that veteran serving organizations in the area establish a local office at the VA Community Resource and Referral Center (CRRC) in Chicago. Concurrently, the Task Force recommends that veteran organizations reach out to the VA to explore additional sites in Illinois where the establishment of a CRRC is needed.

11. Establish a Veteran Housing Set-Aside in the Low-Income Housing Tax Credit Program - To increase the availability of affordable housing options in the veteran community and to marginalize risk factors that can result in homelessness, the Task Force recommends that a veteran housing set-aside be established in the Low-Income Housing Tax Credit program to allocate additional resources to housing developers that specifically provide low-income veterans and veteran families with access to quality affordable housing.

12. Identify Synergies and Build Stronger Linkages between Veteran and Housing Agencies - To foster greater mutual awareness, facilitate best practice sharing, and spur the development of new housing policies and programs designed to assist veterans and their families, the Task Force recommends that veteran organizations identify and initiate new opportunities for collaboration with public, private, and non-profit entities in Illinois' general (not veteran-specific) housing community, including through regional Continuums of Care. Specifically, the Task Force recommends that IDVA and the IJF Working Group on Homelessness and Housing reach out to staff at the Illinois Housing Development Authority (IHDA) to explore opportunities to leverage the Illinois Housing Trust Fund, the Low-Income Housing Tax Credit, and other IHDA programs to further assist veterans.

13. Re-brand Homelessness and Housing Assistance Programs to Marginalize the Stigma - To marginalize the negative stigma that often delays or precludes veterans who are homeless or at risk of homelessness from seeking help, the Task Force recommends that service providers re-label, re-brand, and re-frame assistance programs as a tool through which veterans can take control of their lives and overcome temporary financial and housing challenges.

14. Increase Outreach and Support Services to Incarcerated Veterans - To minimize the homelessness and recidivism among incarcerated veterans, formerly imprisoned veterans, and veterans facing criminal charges, the Task Force recommends that enhanced assistance be provided at the point of re-entry, as well as at the point of intake. Specifically, the Task Force recommends that veteran organizations continue to work with partners in the legal community to establish Veteran Treatment Courts in areas of need. In addition, the Task Force recommends that further support and attention be directed to enhance the Veteran Justice Outreach program and the Health Care for Re-entry Veterans program administered by the VA.

15. Collaborate with Local Transit Authorities and Disabled American Veterans to Build Out Transportation Programs - To further ensure that veterans who are homeless or at risk of homelessness have an affordable means of transit through which they can access available services, the Task Force recommends that veteran organizations identify and work with local transit authorities to advocate for the establishment of transportation programs for homeless, low-income, and disabled veterans. The existing Military Service Pass program administered by the Chicago Transit Authority can serve as a model. In addition, the Task Force recommends that IDVA work with Disabled American Veterans to explore opportunities to build out their Transportation Network in unserved and underserved areas. The Task Force recommends that the IJF Working Group on Access to Transportation assist with implementation on these two fronts.



16. Launch Enhanced Outreach to Public Housing Authorities - To broaden access to HUD-VASH vouchers and other important housing resources, DSTF recommends that IDVA and the IJF Homelessness and Housing Working Group launch a joint outreach effort that informs public housing authorities as to (1) HUDVASH program participation and portability, and (2) amending occupancies standards to create a veteran preference (like the Housing Authority of Cook County). Regarding HUD-VASH program participation, public housing authorities should receive updated information on voucher demand within their jurisdictions, guidance as to HUD-VASH application procedures, and direction as to how they can further collaborate with local VAMCs/CBOCs. In addition to formal correspondence, DSTF recommends that IDVA and/or the IJF Homelessness and Housing Working Group representatives engage PHA membership groups, including the Illinois Chapter of the National Association of Housing and Redevelopment Officials (NAHRO), which holds its annual conference in Springfield on August 7-8, and the Illinois Association of Housing Authorities (IAHA), which holds its annual conference in September.

17. Leverage Staff Expertise and Resources at the Illinois Department of Human Services, Division of Mental Health - To form new synergies and effectively leverage existing resources in support of homeless veterans, DSTF recommends that IDVA and/or the IJF Working Group explore opportunities to refer veterans to the Permanent Supportive Housing program within the Illinois Department of Human Services, Division of Mental Health. The Permanent Supportive Housing program helps eligible individuals find housing and obtain mental health services as needed.

18. Support Landlord Seminars and Create an Informational Tool - To generate greater buy-in from landlords and increase the availability of housing stock for veterans, DSTF recommends that the IJF Working Group continue to support and promote Landlord Seminars designed to recruit more landlords for the HUD-VASH program and communicate the advantages of leasing to veterans. In addition, DSTF recommends that an informational tool (such as flyer or brochure) be created, which could be distributed broadly by IDVA, IHDA, IJF organizations, and other veteran organizations to answer frequently asked questions and clarify HUD-VASH processes.

19. Increase Funding for the Supportive Services for Veterans Families Program - To enhance prevention strategies and strengthen support services targeted to veteran families at risk of homelessness, DSTF recommends that federal policymakers be urged to increase funding for the Supportive Services for Veterans Families (SSVF) program. Simultaneously, DSTF recommends that the IJF Homelessness and Housing Working Group continue to work with the IJF Employment and Job Training Working Group and other entities to spur collaboration between SSVF and the U.S. Department of Labor's Homeless Veterans' Reintegration Program.

20. Integrate and Centralize Service Delivery at VA Community Resource and Referral Centers- To strengthen collaboration and facilitate capacity-building among veteran-serving organizations (while simultaneously making it easier for homeless and at-risk veterans to connect with the full array of support services available through government and non-profit agencies), DSTF recommends that the IJF Homelessness and Housing Working Group continue to educate community providers about the broad services at Community Resource and Referral Centers (CRRCs). DSTF further recommends that service providers in the Chicagoland area continue to refer veterans to the local CRRC; and concurrently, DSTF recommends that veteran organizations reach out to the VA to explore additional sites in Illinois where the establishment of a CRRC is needed.

21. The Discharge Servicemember Task Force (DSTF) recommends that all units of government (state, city and local) should consider a veteran's preference when applying for certain types of housing assistance if they meet federal and/or state criteria (i.e., "preference-eligible" veterans).

- A.** Preference will be given to qualified veterans if they are eligible for rental assistance and their needs are significantly worse than other similarly eligible applicants. By law, the housing authorities provide this assistance to low-income people who reside in privately owned rental units.
- B.** Preference will be given to qualified veterans if they are eligible for low-income public housing units and if their needs are substantially equal to other similarly eligible applicants. By law, the authorities develop, own, and operate housing for elderly, multi-family and low- and moderate-income people.

Example of qualifying characteristics for the Veteran Housing preference:

- 1.** Currently an Illinois resident
- 2.** Honorable Discharge from the Armed Services (i.e. Army, Marine Corp, Air Force, Navy or Coast Guard)
- 3.** Veteran must have either entered service from, or been a resident of, Illinois for one year preceding application for the veteran housing preference.

DSTF also recommends that the State of Illinois provide housing support to veterans under housing distress prior to receiving eviction notice or an eviction. This support should be implemented in a holistic framework so the veteran can continue to focus on employment and health. The State of Illinois should consider extending the military housing allowance for separating service members up to one year post-military service. The State, along with Illinois Department of Veterans Affairs (IDVA), should also consider providing transitional housing for separating service members through both public and private partnerships until they obtain permanent housing. Unlike the Veterans Affairs Supportive Housing (VASH) program for which a veteran must be homeless to qualify, this is a prevention strategy to support veterans in transition as a means of preventing homelessness and housing distress associated with separating from military service. Transitional housing would be extremely valuable to single female veterans who are separating from military service, particularly those with children.

Despite the persistently lagging economy and increased housing costs, homelessness declined slightly between 2013 and 2014, largely because of a concerted focus on outcome-oriented programs and solutions. Unfortunately, the economic and demographic indicators of homelessness remain high, and there have been deep cuts to key affordable housing programs at the federal, state, and local levels

As a result, further State investment is needed to make real progress on homelessness. The Prince Home in Manteno works to address homelessness among disabled and homeless veterans.

The Prince home is a collaboration between the federal government and the State of Illinois to provide permanent housing, mental health, and supportive services to veterans into a Rapid Reintegration (R&R) program. By leveraging funds (donations) from the community and/or the State, the Prince Home will be able to expand its existing program.

Rapid Reintegration: The R&R Program will be designed to help veterans seeking to reenter the workforce as soon as possible; this program provides the veteran with personalized training, counseling, referrals to medical/psychiatric services, and linkages to community support networks, supportive housing, and employment.

The R&R Program will align with the national campaign to eradicate veteran's homelessness in the United States.



Women Veterans

1. (a) Create a Women Veterans' Resource Guide - To establish a comprehensive guide that clearly delineates the various programs and resources targeted to women veterans in Illinois, DSTF recommends that IDVA create a Women Veterans' Resource Guide. The Women Veterans' Resource Guide should be published online and distributed broadly throughout the service provider community.

(b) Provide Access to a Veterans Benefits Calculator - To ensure that women veterans have access to user-friendly tools that clearly illustrate their eligibility to state and federal benefits, DSTF recommends that IDVA utilize the VA Benefits Calculator for promotion through IDVA's website and various other outreach channels.

2. Create a Women Veterans' Support Toolkit for Service Providers - To help service providers make their facilities more safe and welcoming environments for women veterans, DSTF suggests that a recommendation be made to the IJF Women Veterans' Working Group to develop an informational toolkit for distribution to organizations that regularly encounter women veterans. The toolkit should outline (1) best practices when serving women veterans, (2) delineate key points of contact and referral sites in the veteran community, and (3) provide an array of recommendations as to how organizations can make their facilities more accommodating for women veterans (i.e. hanging women-friendly posters, wearing staff badges, providing a child care space, providing relevant staff training, etc.)

3. Collaborate with the National Association of State Directors of Veterans Affairs to Develop a State Resource Guide - To better educate exiting women servicemembers as to the benefits and services available in their home state, DSTF recommends that IDVA work with the National Association of State Directors of Veterans Affairs (NASDVA) to produce a State Resource Guide to be distributed through the Transition Assistance Program (TAP). The State Resource Guide should concisely delineate the key programs, benefits and resources available in each individual state.

4. Provide Staff Support to Expand Military Sexual Trauma (MST) Training Opportunities for Community Providers - To ensure that community health practitioners obtain the proper training to effectively treat MST survivors and to simultaneously grow the network of qualified, veteran-friendly providers, DSTF recommends that staffing and funding be provided to expand the IJF Women Veterans' Working Group's capacity to host MST training workshops in underserved areas of the state.

5. Engage a Broader Array of Community Providers in the Illinois Joining Forces (IJF) Women Veterans' Working Group

- To leverage the resources, support and expertise of community providers conventionally thought to be distinct from the women veteran community, DSTF suggests that a recommendation be made to the IJF Women Veterans' Working Group contact and engage the participation of women's health centers, rape crisis centers, domestic violence agencies, housing organizations, and other relevant service providers that regularly come in contact with women veterans.

6. Develop Positive Community-Building Programs and Activities for Women Veterans - To provide new opportunities for women veterans to self-identify, build relationships with their fellow veterans and connect with the broader network of veteran programs and organizations, DSTF recommends that IDVA organize positive community-building programs and activities specifically targeted to women veterans. Suggested possibilities include recreational events such as a 5K run, or as successfully implemented in Ohio, a golf clinic program for women veterans called Helping Our Patriots Everywhere (H.O.P.E.)

7. Construct a State Monument Honoring Women Veterans - To raise awareness for the various contributions, hardships and sacrifices of women veterans, DSTF recommends that the State of Illinois erect a monument honoring the service of women from the Revolutionary War to present-day conflicts.

8. The DSTF recommends that the State of Illinois allocate funds to the Illinois Department of Veterans Affairs (IDVA) to support communities in asset mapping and community collaboration to provide women veteran services and programs. Doing so will ensure that a woman veteran's call for assistance will be answered and effectively addressed locally. This effort will increase female veterans' access to gender-specific health services, including mental health trauma care. The DSTF recommends that IDVA partners with the Illinois Department of Human Services (IDHS) to create a first-class Child Care Assistance Program for eligible veterans, both male and female. The program can be designed to provide veterans with a limited number of vouchers to be claimed at licensed child care centers. Eligibility would be determined by income and family size guidelines, based on policies and guidelines provided by IDHS.

9. The DSTF recommends to the State of Illinois and IDVA that both entities develop a comprehensive psychosocial screening process for current and returning women veterans that could help identify those who are at high risk of homelessness due to a physical, mental or cognitive disability.

10. The DSTF recommends to the State of Illinois that IDVA, the Department of Defense (DOD), and the U.S. Department of Veterans Affairs (VA) coordinate efforts to remove existing barriers and improve access to mental health programs for women veterans. These three entities should explore new programs that would provide gender-sensitive mental health programs for women. An Interagency Working Group should be established and tasked to review options, develop a plan, fund pilots and track outcomes. IDVA, VA, and DOD might consider collaborations on joint group therapy, peer support networks and inpatient programs for women who served post-9/11.

11. The DSTF also recommends that IDVA consider collaborative efforts with non-profit organizations to collect, analyze and publish data by gender and minority status for programs that serve veterans to improve understanding, monitoring and oversight of programs that serve women veterans.

12. DSTF highly recommends that IDVA partner with DOD to advance its existing programs dealing with Sexual Assault Prevention and Response to reduce and/or eliminate Military Sexual Trauma. This effort would include evaluations and prospective scientific studies to monitor the success of its plan to prevent MST, change the military culture, assess program progress and outcomes, and adjust actions as needed.

13. The State of Illinois, IDVA, and the National Guard and Reserve units should partner with Transition Assistance Program (TAP) in a joint effort to conduct assessments that will determine needs of women veterans and incorporate specific breakout sessions during the employment workshop or add a specific track for women in the three- to five-day session to address those needs.

Prosthetics

1. Build a Community Effort. Veteran amputees need to connect with their communities once they return from duty. The importance of peer support is particularly important. Community-based resources, whether the VFW, the American Legion, or other nonprofit organizations, can assist veterans with peer-to-peer support and other community based. The State of Illinois can be a leader in education and empowerment of communities to integrate their Veterans back into their communities. For example, the IDVA can provide discussion points for all local community leaders to educate their communities on Veterans experiences, needs, and resources – and on how individual Illinoisans can make a difference.

2. Improve the partnership between public and private organizations. Improved access and communication is needed between private and public organizations. Working to develop the best prosthetics practices possible should be a goal of both the VA and the private sector. The main objective is to provide the veteran with access to quality health care, whatever the source.

Jim Kaiser, President, Illinois Society for Orthotist, Prosthetist, Pedorthist (ISOPP), states that as a corporate partner, the ISOPP currently provides professional expertise on a rotational basis at the James A. Lovell Federal Health Care Center prosthetic clinic to communicate veterans' needs from the clinic team directly to the prosthetic provider. Task Force members lauded these type of partnership efforts, but some noted an apparent reluctance on the part of VA facilities to embrace private and non-profit partners. Overcoming obstacles like this – whether real or perceived – is a necessary step in the right direction on the road to collaboration. Community partners can provide critical support and expertise to VA providers.

3. Improve the VA's Image. Task Force members noted that there seems to be a disconnection between what veterans think the VA can provide and what the VA can provide. Many veterans are not aware that the VA has the capabilities to provide the best care, particularly in the field of prosthetics. To address this issue, the VA also could work to educate private providers on VA healthcare benefits and capabilities, as well as to develop partnerships with the private and non-profit providers in providing care for veterans. Some members of the Task Force also felt that improved customer service on the front line of VA hospitals was necessary to improve perceptions, and therefore use, of VA healthcare.

4. Central Database. Task Force members indicated there was a need for a resource database, to include federal, state, and non-profit resources. Members recommended building on previous work and models, such as the existing ISFAC model that has already been developed. This call for a repository of resources, members noted, would help not just in prosthetics but in the entire system of support for veterans.





Veteran Treatment Court

1. Establishment of a working group - With the passing of House Bill 5003 (amends the Veterans and Servicemembers Court Treatment Act to provide that the Chief Judge of each judicial circuit shall [rather than may] establish a Veterans and Servicemembers Court program including a format under which it operates under the Act), this body recommends establishing a working group to explore best practices of Veterans Treatment Courts. Data driven information will be a key component contributing to a successful roll out in 2018.

2. Working group composition and scope. The working group should be comprised of key members from the state's current veteran treatment courts, including, but not limited to, judges, service providers, and veterans whom successfully completed the Veterans Treatment Court track. In an effort reduce the strain and burden placed on counties to enact these courts, the working group should produce a report of best practices with the intent of supporting counties creating these courts.

Other Veteran Issues

1. Grave Registration - IDVA currently maintains a Roll of Honor of all veterans buried in the State of Illinois. Every person, firm, or corporation owning or controlling any cemetery or burial place in this state is required to keep a permanent record of the burial of each U.S. war veteran or memorial marker erected for this purpose. With this new definition, Illinois National Guardsmen and Reservists should be allowed to have their names on a separate Roll of Honor.

2. State Veterans Employment Preference - Under State law, qualified veterans are entitled to points added to a passing grade and appointment preference. Illinois National Guard/Reserves non-activated only receive points added to a passing grade. With this new definition, Illinois National Guardsmen and Reservist will be allowed to have points added to their grade regardless of it being passing.

3. IDES Job Assistance - The Illinois Department of Employment Security assists veterans in finding gainful employment. Their staff provides veterans with priority of service for employment services (does not apply to unemployment insurance). In addition, they have nearly 40 offices located throughout Illinois with Employment Specialists available to provide a full array of services to assist veterans. With this new definition, Illinois National Guardsmen and Reservists will be allowed to receive priority of service for employment services.

4. IL Driver's License - To receive the "VETERAN" designation on the driver's license/ID card, veterans must obtain official certification from the Illinois Department of Veterans' Affairs (IDVA). They can do so by one of two means. They can visit one of the IDVA offices throughout the state and provide a copy of their DD-214 or Certification of Military Service (NA Form 13038) or they may complete the process by mail. With this new definition, Illinois National Guardsmen and Reservists will be able to put "Veteran" on their driver's license and/or ID Card. (Public Act 99-0544; SB2173)

5. Illinois Warrior Assistance Program (IWAP) - The Illinois Warrior Assistance Program (IWAP) provides confidential assistance for returning Illinois veterans as they transition back to daily living after serving our country. IWAP is also available to family members including the spouse and child(ren) of eligible veterans.

Eligible veterans are:

- Under the age of 65
- Has served a minimum of 180 days of active duty service with an Active Duty, Reserve, or National Guard unit
- Illinois resident
- Is not an inmate of public institution or a resident of a nursing facility

6. Definition of a Veteran - Define "veteran" for State of Illinois recognition purposes.

The individuals who meet the criteria defined below should be recognized as veteran in the State of Illinois. "Any National Guardsman/Reservist who is Federally/State Activated, OR has completed his/her full term of enlistment for enlisted personnel /obligation for officers, AND has a discharge characterized as Honorable or Under Honorable Conditions is considered a veteran in the State of Illinois."

Conclusion

This 2017 Annual Report will be the final report presented by the Discharged Servicemembers Task Force. Pursuant to current law, Public Act 100-0010 (HB 2973), which became effective on June 30th, 2017, The Illinois Veterans' Advisory Council (IVAC) will take over the responsibilities of investigating the re-entry process for servicemembers who return to civilian life after being engaged in an active theatre. Beginning in 2018, these annual reports which will include findings and recommendations on PTSD, homelessness, disabilities, and any other issues relevant to the re-entry process, will be administered and presented by IVAC.

The Illinois Veterans' Advisory Council (IVAC) was established July 1, 2004, by Public Act 93-0779. IVAC meets quarterly as required and is available to meet at the call of the Chair or at the call of IDVA or the Governor. The Council is empowered to:

- Advise IDVA with respect to the fulfillment of its statutory duties.
- Review and study the issues and concerns that are most significant to Illinois veterans and advise the Department on those issues and concerns
- Receive a report from IDVA or the Director's designee at each meeting with respect to the general activities of the Department.
- Report to the Governor and the General Assembly annually describing the issues addressed and the actions taken by the council during the year as well as any recommendations for future action.
- As of July 1, 2018, IVAC shall investigate the re-entry process for servicemembers who return to civilian life after being engaged in an active theatre. The results of this investigations shall be published yearly by each June 1st in an Annual Report.

The transition of the annual report initiatives of DSTF to IVAC will bring about a more efficient process by including an array of members and representatives comprised of the many different nationally recognized veteran service organizations that make up IVAC.

The Illinois Department of Veterans' Affairs will also remain a key source for providing administrative support to IVAC and will be able to assist with taking on the duties of studying the issues that impact our veterans and compiling and presenting an annual report of the findings by IVAC to the Governor and the Illinois General Assembly.





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